



Attestation Form & Receipt of the Language Access Code for Telephonic Interpretation

Name of Agency/Organization:
Phone:
Contact Name and Title:
Contact Email:

I hereby recognize that OPWDD is providing telephonic interpretation simply as a resource and is not obligated to render such service. The service is being afforded as a benefit to those individuals and/or family members that may be limited-English proficient. This access code is solely for the use of staff at my agency/organization during regular work hours and should not be used by any agency/organization or staff for personal gain. **This attestation form should be signed by agency director and/or Quality Improvement director.**

_____ (Print Name) _____ (Signature) _____ (Date)

Please complete and return to:

Nicole Weinstein, OPWDD Statewide Language Access Coordinator
Language.Access.Requests@opwdd.ny.gov